

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		6	10
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	CA	68906	10-19-00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	5/7/01
2	5/10/01
3	5/10/01
4	5/10/01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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